



2012-2013



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*

GIC HEALTH PLANS  
**BENEFITS AT-A-GLANCE**

**EMPLOYEES**  
**AND NON-MEDICARE**  
**RETIREES AND SURVIVORS**

Benefits Effective July 1, 2012

# PHYSICIAN TIERING AND PLAN DESIGN

## The GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

### Clinical Performance Improvement Initiative

The GIC's important Clinical Performance Improvement (CPI) Initiative for Employee and Non-Medicare Plans is beginning its eighth year of operation. With this program, members pay lower copays for providers with higher quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.

#### How are physician tiers determined?

Based on an analysis of tens of millions of physician claims and sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.

**During annual enrollment, be sure to check your doctor's and hospital's tier, as it can change each July 1 with new data.**

## Limited Network Plans – Great Value; Quality Coverage

### Consider Enrolling in a Limited Network Plan to Save Money Every Month on Your Premiums!



Limited Network Plan

Limited network plans help address differences in provider costs. You will enjoy similar benefits to wider network plans, but will save money because limited network plans have a smaller network of providers (not every doctor and hospital). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium percentage contribution, and
- Whether you have individual or family coverage.

### Fallon Community Health Plan Direct Care HMO

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

### Fallon Community Health Plan Select Care HMO

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

### Harvard Pilgrim Independence Plan PPO

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

### Harvard Pilgrim Primary Choice Plan HMO

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

### Health New England HMO

- PCP required – yes
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

### NHP Care – Neighborhood Health Plan HMO

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

### Tufts Health Plan Navigator PPO

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

### Tufts Health Plan Spirit EPO (HMO-type)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

### UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

### UniCare State Indemnity Plan/Community Choice (PPO-type)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

### UniCare State Indemnity Plan/PLUS (PPO-type)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

**A GIC Limited Network Plan. Compare these plans' rates with the other options and see how much you will save every month!** Find out if your hospital is in a GIC limited network plan with the side-by-side comparison of the GIC's limited network plans. Rates and the limited network hospital grid are located on the GIC's website: [www.mass.gov/gic](http://www.mass.gov/gic).

## Calendar Year Deductible

The deductible is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in these guidelines below may occur depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment



### Mark the Date!

**Forms are Due Monday, May 7 for  
Changes Effective July 1, 2012**

- **Current active state and municipal employees:** Return completed forms to your GIC Benefits Coordinator
- **Employees and Non-Medicare retirees/survivors joining GIC coverage July 1:** Return completed forms and required documentation to your GIC Benefits Coordinator
- **Current retirees and survivors:** Send written request to the GIC

This chart is a comparative overview of GIC plan benefits. See the corresponding chart for details. These plans also offer out-of-network benefits with higher out-of-pocket limits.

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE
<b>PLAN TYPE</b>	<b>HMO</b>
<b>TELEPHONE NUMBER</b>	<b>1.866.344.4442</b>
<b>WEBSITE</b>	<b><a href="http://www.fchp.org/gic">www.fchp.org/gic</a></b>
<b>Calendar Year Deductible</b> Individual Two person family Three or more person family	 \$250 \$500 \$750
<b>Primary Care Physician Office Visit</b> ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	 \$15 per visit no tiering no tiering
<b>Preventive Services</b>	Covered at 100%; no copay
<b>Specialist Physician Office Visit</b> ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	 \$25 per visit no tiering no tiering
<b>Retail Clinic</b>	\$15 per visit
<b>Outpatient Mental Health and Substance Abuse Care</b>	\$15 per visit
<b>Emergency Room Care</b>	\$100 per visit (waived if admitted)
<b>Inpatient Hospital Care: Medical</b> Tier 1 Tier 2 Tier 3	 \$200 per admission no tiering
<b>Outpatient Surgery</b>	\$110 per occurrence
<b>High-Tech Imaging</b> (e.g., MRI, CT and PET scans)	\$100 per scan
<b>Prescription Drug</b> <b>Retail:</b> up to a 30-day supply Tier 1 Tier 2 Tier 3	  \$10 \$25 \$50
<b>Mail-order:</b> Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 3	  \$20 \$50 \$110

pendding overview information for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Na costs. With the exception of emergency care, there are no out-of-network benefits for the GIC's EPO and HMOs. For providers, benefit details, exclusions, and

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND	NHP CARE <i>(Neighborhood Health Plan)</i>
HMO	PPO	HMO	HMO	HMO
1.866.344.4442	1.800.542.1499	1.800.542.1499	1.800.842.4464	1.800.462.5449
<a href="http://www.fchp.org/gic">www.fchp.org/gic</a>	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>	<a href="http://www.hne.com/gic">www.hne.com/gic</a>	<a href="http://www.nhp.org">www.nhp.org</a>
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit
Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$25 per visit
\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>
<i>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</i>				
\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission no Tier 3	\$250 per admission no tiering	\$250 per admission no tiering
<i>Maximum four copays per calendar quarter or per year, depending on plan. Contact the plan for details.</i>				
\$125 per occurrence	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence
<i>Maximum one copay per day. Contact the plan for details.</i>				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

Navigator, and UniCare State Indemnity Plan/Community Choice and PLUS are **in-network** benefits.  
 and limitations, see the plan handbook or contact the individual plan.

TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC <i>With CIC (Comprehensive)</i> <i>Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.</i>	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/ PLUS
PPO	HMO-TYPE	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.870.9488	1.800.870.9488	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.tuftshealthplan.com/gic	www.tuftshealthplan.com/gic	www.unicarestateplan.com	www.unicarestateplan.com	www.unicarestateplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit
Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$30 per visit \$40 per visit	\$25 per visit \$30 per visit \$45 per visit	\$25 per visit \$30 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
\$300 per admission \$700 per admission no Tier 3	\$300 per admission \$700 per admission no Tier 3	\$200 per admission no tiering	\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission
\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence	\$110 per occurrence; Tier 3: \$250 per occurrence
Maximum one copay per day. Contact the plan for details.				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110



# HEALTH PLAN LOCATIONS

## Choose the Best Health Plan for You and Your Family

- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
  - Information on other health plan benefits that are not described in this brochure;
  - Whether your doctors and hospitals are in the network (Note: be sure to specify the health plan's full name, such as "Harvard Pilgrim Primary Choice Plan" or "Harvard Pilgrim Independence Plan," not just "Harvard Pilgrim"); and
  - Which copay tiers your doctors and hospitals are in.
- See the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)) for additional information.

Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you **must** stay in the plan until the next annual enrollment. In the meantime, the health plan will help you find another provider.

## Additional Contact Information

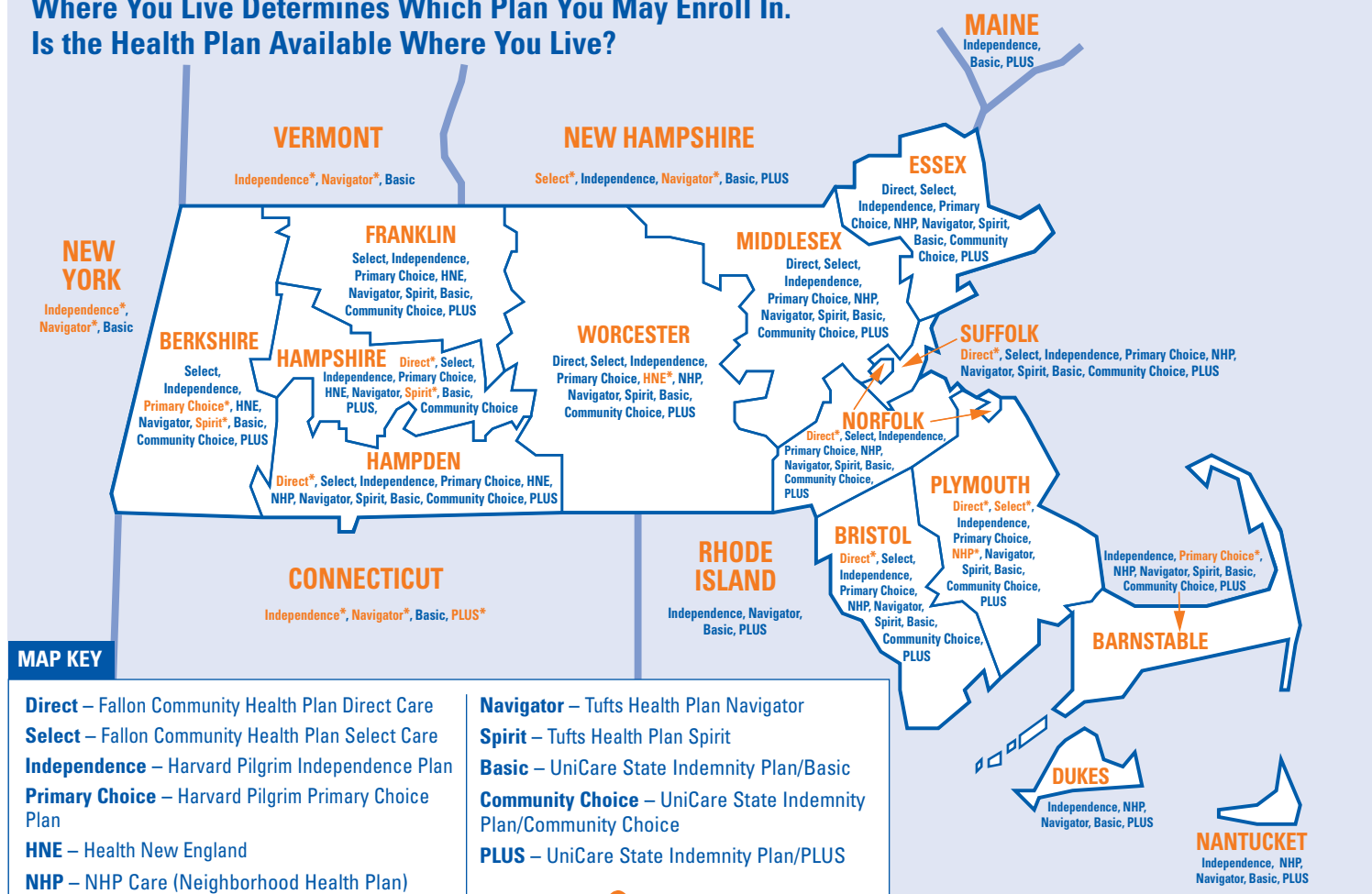
### All UniCare State Indemnity Plans

- Prescription Drug Benefits (CVS Caremark):**  
1.877.876.7214; [www.caremark.com/gic](http://www.caremark.com/gic)
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):**  
1.888.610.9039; [www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Tufts Health Plan Navigator and Spirit Plans

- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):**  
1.888.610.9039; [www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

## Where You Live Determines Which Plan You May Enroll In. Is the Health Plan Available Where You Live?



The UniCare State Indemnity Plan/Basic is the only employee health plan offered by the GIC that is available throughout the United States and outside of the country.

\* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.